

TO: All EMT Testing Candidates

FROM: Division of Emergency Medical Services

SUBJECT: EMT Written Examination

Please complete the registration form and enclose all of the required information. This must be received no later than one week prior to the exam date. Failure to return this registration by the date indicated may result in a denial of admission to the examination site. Please be advised that registration is limited to this allocated time only and will be on a first come-first served basis. Examination session will be closed when enrollment levels are reached.

Per Section 6.1.1 (f) of the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS), applicants entering the examination process will have a period of one calendar year from the date of first examination to satisfactorily complete all requirements for EMT licensure. Failure to complete all licensing requirements within one calendar year from the date of first examination will require the candidate to initiate a new application and begin the application process anew.

REGISTRATION FORM FOR EMT WRITTEN EXAMINATION

Date of Examination: _____

Examination Site: RI Department of Health - Cannon Building
Auditorium - Lower Level
3 Capitol Hill
Providence, RI 02908

Examination Time: 9:00 A.M.

Deadline Date for registration and any information checked below to be **received** by the Division of Emergency Medical Services: One week prior to exam date.

Please Print

Name: _____
(Last) (First) (Middle)

Address: _____

City/State: _____ Zip Code: _____

Dept./Service Affiliation: _____ Home tel. no. _____

Dept./Service affiliation information must be completed. Only one affiliation may be listed. Registration forms submitted without this information will not be accepted. If you are not affiliated, please write "None".

Please return the following paperwork, to be received by the Division of Emergency Medical Services by the deadline date:

- X Registration Form
- Initial** written examination fee (\$**62.50**) if applicable; or
- Retest** written examination fee (\$**43.75**) if applicable
- (Fees must be submitted in the form of a cashier's check or money order made payable to the General Treasurer, State of R.I. - **Personal checks cannot be accepted**)
- X **Two (2)** copies of a signed, current Healthcare Provider level CPR card, both front and back sides.
- Copy of a RI DOH approved Refresher Training Certificate (if applicable)

Failure to complete this registration, submit copies of a current Healthcare Provider level CPR card and fees (if applicable) by the deadline date above will result in a denial of admission to the examination site. Registration is limited to this allocated time only and will be on a first come-first served basis. Examination session will be closed when enrollment levels are reached.

Note: Please bring a picture identification card to the examination. **Fees are non-refundable and non-transferable.** Mail above information to:

RI Department of Health - EMS
3 Capitol Hill
Providence, RI 02908

To confirm our receipt of your registration for the examination, please call our office prior to the deadline date at (401) 222-2401.